KSI CONSULTING, LLC

Specialty Insurance Professionals

Student Health Insurance Request for Quotation

| Name of School | ol: | | | | | |
|----------------------------|--|--------------------------------------|-----------------------|---|----------------------------|--|
| Address: | | City: | | State: Z | ip: | |
| Contact Persor | n: | | | Dept.: | | |
| Telephone: | | | | Email: | | |
| What date wou | ıld you like a pı | oposal?: | | | | |
| | | Annual Premi | um Rate Inform | nation | | |
| Student Only Rate: | | Domestic Annual Rate Per Student: | | International Annual Rate Per Student: | | |
| Curren | t Year | | | | | |
| 1 st Pric | or Year | | | | | |
| 2 nd Prio | or Year | | | | | |
| 3 rd Prio | or Year | | | | | |
| Mandate | ry (students en ory (premium is aiver (premium | s included in tuit | | ill be removed by pro | oof of other | |
| Does plan enro | ollment vary for | groups of stude | ents? (i.e. Gradua | ate or International s | tudents) | |
| No | Yes, if yes ple | ase explain: | | | | |
| Is Dependent 0 | Coverage offere | ed?: | | | | |
| Is coverage for | Part-Time stu | dents available? | | - | | |
| | | Plan Exper | ience Informati | <u>on</u> | | |
| | Total Premium the Insurance | | Total Claims Paid: | Total # of Insured Students | Last Claim Report Date: | |
| Current Year | | | | | | |
| 1 st Prior Year | | | | | | |
| 2 nd Prior Year | | | | | | |
| 3 rd Prior Year | | | | | | |

| Does your school have a Student Health Center? | |
|---|--|
| f yes, please X the correct description: | |
| Health Center is staffed by a registered nurse and a physician is contracted to provide | |
| services. | |
| Health Center has a physician on staff during normal hours. | |
| Neither (please explain) | |
| What changes would you like made to your current plan design?: | |
| | |
| | |

In addition to answering the above questions please enclose all available loss reports from your plan administrator and a student insurance brochure for the current year. If there have been plan changes in the past three years, please enclose a student insurance brochure for the prior years.

Please email your quotation request to steve@ksiconsulting.net; or fax to 800-392-7719, attention Steve Kapusta. Please do not hesitate to contact us at 770-310-1181 with any questions.